

# CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51					
2		/					52					
3		/					53					
4		/					54					
5	/						55					
6		/					56					
7		/					57					
8		/					58					
9	/						59					
10	/						60					
11		/					61					
12		/					62					
13		/					63					
14		/					64					
15	/						65					
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17		/					67					
18		/					68					
19	/						69					
20		/					70					
21		/					71					
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23		/					73					
24		/					74					
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38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					

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